



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400003

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DISABLED AMERICAN VETS CHPT 35

DOING BUSINESS A

ADDRESS DYKE RD.

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02020

MANAGER: TOMASELLO,
JOSEPH C.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT DOOR ON DYKE rd. REAR EXIT. WOOD FRAME CONSTRUCTION. FRONT OF BLDG 2 FLOORS. 1ST FLOOR AND SECOND FLOOR OFFICE AND STORAGE. 1ST FLOOR FUNCTION ROOM AND BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400008

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARSHFIELD VFW INC.

DOING BUSINESS AS

ADDRESS 655 MAIN ST.

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: Brown, Douglas

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO LEVEL BLDG WITH PICNIC AREA. ONE ROOM WITH CLOAKROOM, KITCHEN AND TWO RESTROOMS ON STREET LEVEL. STORAGE, OFFICE, REC ROOM AND LOUNGE ON LOWER LEVEL. ENTRANCE TO STREET FLOOR ON SOUTH END OF BLDG ON RTE 3A. REAR ENTRANCE TO LOWER LEVEL

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400010

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARSHFIELD COUNTRY CLUB

DOING BUSINESS AS MARSHFIELD COUNTRY CLUB

ADDRESS 515 MORaine ST.

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: YOUNG, JENINE A. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST THROUGH 11TH HOLES AND 17TH AND 18TH HOLES BEVERAGE CART FROM MARSHFIELD COUNTRY CLUB, BAR & GRILLE ROOM/PORTABLE PAR IN FUNCTION ROOM. DOWNSTARS LOUNGE AREAS, OUTSIDE PATIO, and deck three LOWER LEVEL, FUNTION ROOM; KITCHEN, ONE FROM GRILLE TO FIRST TEE, SNACK BAR AREA AT 10TH AND FIRST TEE AREA.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400012

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VENUS II BROS. LLC

DOING BUSINESS AS VENUS II Bros

ADDRESS 277 OCEAN ST.

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02020

MANAGER: DROSOPOULOS, TYPE OF LICENSE: Restaurant
STEPHEN

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SERVICE AREA, KITCHEN AND STOCKROOM ON THE FIRST FLOOR OF A TWO STORY
BLDG Second floor; function room and two story deck in front of bldg

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400015

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: B.P. PRODUCTIONS, INC.

DOING BUSINESS AS THE ROADHOUSE

ADDRESS 1140 OCEAN ST.

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: CROFT, KRISTIN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, FOUR ROOMS, CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400016

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARSHFIELD LODGE OF ELKS #2494, INC.

DOING BUSINESS AS MARSHFIELD LODGE OF ELKS #2494

ADDRESS 1321 OCEAN ST.

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: WHITE, JOHN J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, 4 ROOMS; ONE FUNCTION/MEETING ROOM, ONE KITCHEN, TWO STORAGE ROOMS. 2ND FLR; 4 ROOMS, 2 LOUNGES, ONE REC ROOM, ONE OFFICE AND ONE STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400017

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BONNIE PARKER'S INC.

DOING BUSINESS AS RAFFERTY'S PUB

ADDRESS 1939 OCEAN ST.

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: GIBBONS,
MICHAEL J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BASEMENT, FIRST FLOOR FOR LIQUOR STORAGE ONLY. MAIN ENTRANCE ON SNOW RD
AND EMERGENCY EXIT ON OCEAN ST

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LICENSE NUMBER: 066400018

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OCEAN CAFE INC.

DOING BUSINESS AS HADDAD'S OCEAN CAFÉ

ADDRESS 291 OCEAN STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02020

MANAGER: HADDAD,
CHARLES R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; 2 ROOMS AND ONE KITCHEN. SECOND FLR; ONE ROOM FOR STORAGE.
TWO ENTRANCES FROM OCEAN ST. TWO EXITS REAR OF BLDG

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400019

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAFE DISCH, INC.

DOING BUSINESS A FAIRVIEW INN

ADDRESS 133 OCEAN STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02020

MANAGER: DISCH, PAUL G.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME BLDG. FIRST FLOOR INCLUDES DINING ROOM, KITCHEN, LOUNGE, DECK, AND ONE HANDICAPPED RENTAL UNIT; 2ND FLOOR CONSISTS OF 7 ROOMS AND ONE TWO BEDROOM APARTMENT FOR RENT.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400021

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE 139 RESTAURANTS, INC.

DOING BUSINESS AS EMBER

ADDRESS 459 PLAIN ST.

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: BOURNAZOS,
CHARLES L.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, COCKTAIL LOUNGE, DINING ROOMS AND ENCLOSED AND COVERED DECK FOR SALES AND SERVICE. KITCHEN, CELLAR AND BACK ROOM FOR STORAGE. 2 DINING ROOM ENTRANCES AND EXITS. ONE COCKTAIL LOUNGE ENTRANCE AND EXIT, 2 SIDE EMERGENCY EXITS, 1 REAR EMERGENCY EXIT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400022

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHINESE REST. CORPORATION

DOING BUSINESS AS MING DYNASTY

ADDRESS 752 PLAIN ST.

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: WONG, HENRY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, LOUNGE, KITCHEN AND RESTROOM ALL LOCATED ON GROUND LEVEL.
STORAGE ROOM IN CELLAR

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400024

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARSHFIELD YACHT CLUB, INC.

DOING BUSINESS AS

ADDRESS 11 RIDGE RD.

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: CAMELIO, SUE

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EXIT AND ENTRANCE IN MIDDLE OF FRONT OF BLDG AND TWO AT THE REAR AND ONE AT THE SIDE OF THE BUILDING

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400025

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POLCARI'S BRIDGWAYE INN GROUP, LLC

DOING BUSINESS AS POLCARI'S BRIDGWAYE INN

ADDRESS 1265 FERRY STRRT

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: POLCARI,
ANTHONY

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 rooms on 2nd flr, remodled rest consists of bar area, dining area, kitchen with storage and main entrance on sea st, exit to rear parking lot and exit in kitchen all on first floor

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400026

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANUEL FRANCIS & SON, INC.

DOING BUSINESS AS GREEN HARBOR G.C.

ADDRESS 624 WEBSTER

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: FRANCIS,
MANUEL JR

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOUNGE, PRO SHOP, TOURNAMENT ROOM, FIRST TEE AREA AND CELLAR STORAGE.
THREE DOORS OPEN OUT OF THE BUILDING AT FRONT, ONE DOOR OPEN OUT OF THE
BUILDING AT ONE SIDE

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400032

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: REXHAME PACKAGE STORE, INC.

DOING BUSINESS AS REXHAME PACKAGE STORE

ADDRESS 1183 OCEAN ST

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: TEDESCHI, MARK TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
A.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF ONE STORAGE ROOM AND ONE SELLING ROOM WITH TWO
FRONT DOORS AND ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

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LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400033

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M. F. Liquor Enterprises, Inc

DOING BUSINESS A Marshfield Liquors

ADDRESS 1852 OCEAN STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: Saeed

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH ONE ROOM FOR SALES, OFFICES AND STORAGE ROOMS.
ENTRANCES AND EXIT ON OCEAN ST, ONE DOOR FOR RECEIVING AND ONE DOOR (EXIT
ONLY) FROM STORAGE. CHANGE OF HOURS. MONDAY TO THURSDAY 9 AM TO 10
PM. FRIDAY & SATURDAY 9 AM TO 11 PM. SUNDAY 12 PM TO 11 PM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400035

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KP ENTERPRISES INC.

DOING BUSINESS AS OCEAN BLUFF PACKET

ADDRESS 555 OCEAN STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02065

MANAGER: PATEL, RASHMI J. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG; 1ST FLR; SALES AND RECEIVING ROOMS. BASEMENT FOR STORAGE.
EXIT AT REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400036

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARSHFIELD BLANCHARDS, INC.

DOING BUSINESS AS

ADDRESS 700 PLAIN STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: COREY, DONALD J JR TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING 8000 + SQ FT FOR SALES, 3840SF FOR STORAGE. BUSINESS OFFICE ENTRANCE AND EXIT, DELIVERY AND LOADING AREA AT REAR OF PREMISES FOR CUSTOMERS AT FRONT OF BLDG, ONE REAR DOOR FOR EMPLOYEES; LOADING DECK DOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400037

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: S.A.T.H, ENTERPRISES, INC

DOING BUSINESS AS NORTH RIVER BEVERAGE

ADDRESS SEA & FERRY STS

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: HERZOG, JAYNE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH TWO ROOMS AND FULL CELLAR; ONE ROOM AND CELLAR FOR STORAGE, ONE ROOM FOR RETAIL SALES. ACCESS IN CENTER FRONT FOR CUSTOMERS AND LEFT REAR OF BUILDING FOR DELIVERIES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400041

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARI & RYAN, LLC

DOING BUSINESS AS HUBBARD'S CUPBOARD

ADDRESS 29 MAIN STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: PATEL, CHETAN M.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BUILDING WITH MAIN SECTION FOR RETAIL SALES, REAR SECTION AND SIDE SECTION FOR STORAGE AND OFFICE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400044

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FIELDSTON, INC.

DOING BUSINESS AS THE FIELDSTON

ADDRESS 882 OCEAN STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: PERRIN, JAN S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR DINING ROOM, KITCHEN, RESTROOMS AND THREE EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400046

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GREEN HARBOR YACHT CLUB, INC

DOING BUSINESS AS

ADDRESS DYKE RD

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: LYNN, COLLEEN TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON THE FIRST FLOOR, THREE ROOMS AND 3 BATHS ON SECOND FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400051

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROBERT W. HABEL

DOING BUSINESS A GREEN HARBOR GENERAL STORE

ADDRESS 40 MARGINAL ST

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02041

MANAGER: HABEL, ROBERT W.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 2000 SQ FT WITH DOORS AT BOTH ENDS OF STREET SIDE FACING MARGINAL ST. LOADING DOOR AT REAR FACING EAST LOCATED AT SOUTH END OF BLDG. APPROX 600 SQ FT AT SOUTH END OF BLDG. INTERIOR FOR PACKAGE GOODS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400055

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SILKY'S INC.

DOING BUSINESS AS RICKY'S MARKET

ADDRESS 1804 OCEAN ST

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: SINGH,
BALJINDER

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR CONVENIENCE STORE, ONE OFFICE AND TWO ROOMS FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400058

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAJJAN ENTERPRISES LLC

DOING BUSINESS AS BRANT ROCK PACKAGE & VARIETY STORE

ADDRESS 25 DYKE ROAD

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: SAJJAN, DEBRA H. TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY RETAIL BLDG. WITH A DOUBLE DOOR ON DYKE ROAD (ROUTE 139)
WITH APPROX. 2000 PLUS SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400059

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORTHEAST HOSPITALITY GROUP, LLC

DOING BUSINESS AS CASK N' FLAGON

ADDRESS 804 PLAIN STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: VAN FLEET,
DANA W.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BUILD. TWO FRONT ENTRANCES, 2 SEASONAL PATIOS WITH ENCLOSED WAITING AREA WITH ACCESS TO RESTAURANT ONLY. FOOD & ALCOHOL TO BE SERVED WITHIN FROM MAY THROUGH SEPT. 2 REAR ENTRANCES, REAR STORAGE AND RECEIVING DOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400060

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROBERT W. HABEL

DOING BUSINESS A GREEN HARBOR GENERAL STORE

ADDRESS 40 MARGINAL STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02041

MANAGER: HABEL, ROBERT W.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2000 SQ FT W/ DOORS AT BOTH ENDS OF STREET SIDE FACING MARGINAL STREET. LOADING DOOR AT REAR FACING EAST LOCATED AT SOUTH END BLDG. APPROX 600 SQ FT. AT SOUTH END OF BLDG. INTERIOR FOR PACKAGE GOODS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400063

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P&JV OF MARSHFIELD, INC.

DOING BUSINESS AS MAMMA MIA'S RESTAURANT

ADDRESS 93 CARESWELL STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: VISCAVIELLO,
GINA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING 4,340 SQFT. 2 BATHROOMS, KITCHEN, DINING ROOM WHICH
SEATS 60 W/HANDICAPPED ACCESS. THREE EXITS. ALCOHOL STORED IN LOCKED ROOM
____ Outdoor patio dining area seating for 16
patrons _____

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400065

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EAT IT ALL INC.

DOING BUSINESS AS PACINIS ITALIAN EATERY

ADDRESS 1810 OCEAN ST.

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: KARKAETEDES, K
ONSTANTINOS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING ONE STORY BUILDING. TWO OUTSIDE ENTRANCES AND EXITS.
RESTAURANT, KITCHEN ON FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400068

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 165 PROSPECT STREET STORE,LLC

DOING BUSINESS A

ADDRESS 165 PROSPECT STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02051

MANAGER: VIVADO,CAROL

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400070

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: E & M Marshfield Famous, Inc

DOING BUSINESS AS MARSHFIELD FAMOUS PIZZA

ADDRESS 1941 OCEAN STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: Mailloux, Julie

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, DINING ROOM, PREP AREA, 2 RESTROOMS AND AN ENTRANCE ON OCEAN ST.
EXIT AT REAR OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400073

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIZZINGS MARSHFIELD INC.

DOING BUSINESS AS PIZZINGS

ADDRESS 1840 OCEAN STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: KESARIS, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DOUBLE DOOR ENTRY, DINING AREAS, BAR AREA, KITCHEN, TWO HANDICAPPED
RESTROOMS, TWO REAR EXITS, SECOND FLOOR STORAGE AREA AND SEASONAL 30X32
REMOVABLE TENT WITH ROLL UP PLASTIC SIDES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400074

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HE SHENG, INC.

DOING BUSINESS AS AOYAMA JAPANESE CUISINES

ADDRESS WEBSTER SQUARE, SNOW ROAD

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: RONG, DEBBIE
HW

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR STORY CONTAINING APPROX. 3,780 SQ FT LOCATED AT WEBSTER SQUARE
SNOW ROAD, STORE #14...MARSHFIELD WITH ONE ENTRANCE AND THREE EXITS WITH
OUTDOOR PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400075

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Mandarin & Tokyo, LLC

DOING BUSINESS A Mandarin Tokyo

ADDRESS 43 CARESWELL ST

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: Lin, Yin Ping

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

first floor dining room and rear storage area, side entrance and emergency rear exit

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400076

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Max & Freida's, Inc

DOING BUSINESS AS Hola

ADDRESS 1849 Ocean St

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: Boothroyd, Mary
Ann S

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY LOCATION CONSISTING OF TWO INTERIOR DINING ROOMS AND ONE EXTERIOR PATIO/ DINING AREA WITH FIREPLACE; THREE RESTROOMS, (TWO WOMEN, ONE MEN) ; BAR AREA; ONE KITCHEN; INTERIOR STORAGE ROOM AND EXTERIOR STORAGE/ WALK-IN REFRIGERATION ROOM; OFFICE; PRIMARY ENTRY/ RGRASS AT FRONT OF BUILDING; SECONDARY EGRASS AT REAR OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400077

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAVERN ON THE GREEN, LLC

DOING BUSINESS AS MARSHFIELD TAVERN

ADDRESS 1 VILLAGE GREEN WAY

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: LAST, JR.
WILLIAM F.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6000 SQ. FT. RESTAURANT CONSISTING OF A BAR & LOUNGE, DINING AREA, KITCHEN & OUTDOOR DINING patio STORAGE ON FIRST FLOOR, ENTRANCE TO PUBLIC GREEN AND EXIT TO THE BAR AREA AND FROM THE KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400079

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GWCC LLC

DOING BUSINESS AS THE DECK ON GREEN HARBOR

ADDRESS 239 DYKE ROAD

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: WOLAN,
ANDREW B.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE SECOND FLOOR INCLUDING AN EXTERIOR OPEN DECK ON THE SECOND LEVEL;
MAIN ENTRANCE ON THE SOUTH SIDE AND EMERGENCY EXITS ON THE WEST AND
NORTH SIDES...OFFICE AND STORAGE ON THE LOWER AND UPPER LEVELS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400080

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BAILEY IRISH PUBS, INC

DOING BUSINESS AS THE BAILEY

ADDRESS 278 OCEAN ST

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: BAILEY, WILLIAM TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG WITH RESTAURANT, BAR, KITCHEN, ENCLOSED PORCH AND RESTROOMS ON FIRST FLOOR CONTAINING APPROX 3000 SF WITH OFFICE AND STORAGE ON 2ND FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066400081

CITY OR TOWN MARSHFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RBSBW INC.

DOING BUSINESS AS ROCHE BROS. SUPERMARKETS

ADDRESS 605 PLAIN STREET

CITY/TOWN: MARSHFIELD

STATE: MA

ZIP CODE: 02050

MANAGER: MYERS, JAMES
FRANCIS

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

50367 SQ FT..922 SQ FT MEZZANINE...37358 SQ FT SALES AREA MAIN ENTRANCE/EXIT AT
THE FRONT OF BUILDING..LOADING DOCK ENTRANCE/EXIT AT REAR OF
BUILDING...EMERGENCY EXIT ON RIGHT SIDE OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: